□ 1845

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 1472

Mr. KING of Iowa. Mr. Speaker, I ask unanimous consent to have my name removed as a cosponsor of H.R. 1472.

The SPEAKER pro tempore (Mr. BOOZMAN). Is there objection to the request of the gentleman from Iowa?

There was no objection.

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 2003, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oregon (Mr. DEFAZIO) is recognized for 5 minutes.

(Mr. DEFAZIO addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. BURTON) is recognized for 5 minutes.

(Mr. BURTON of Indiana addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

AIDS IN UGANDA

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. LEE) is recognized for 5 minutes.

Ms. LEE. Mr. Speaker, as we all know, this week the President is in Africa visiting five countries and describing his personal commitment to combating the global HIV/AIDS pandemic, among other things. This is a good thing.

Just 6 weeks ago the President signed into law H.R. 1298, the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003, to provide $15 billion over 5 years to 12 African countries and Haiti and Guyana in the Caribbean. Throughout the debate on this bill, which Uganda's approach to its own AIDS epidemic was highlighted very prominently as a model for the bold initiative that we were proposing and for our heavy reliance on the ABC model of prevention. That is, abstain, be faithful, or use a condom.

People on the ground in Uganda were telling us that while the message of the ABC model was important in helping to drive down infection rates and raise awareness of this disease, it was equally important that Uganda's President Museveni exerted strong political leadership in combating the disease and for the country to engage in a frank and open dialogue about sex and how the disease is transmitted.

But when we were debating this bill, the administration and social conservatives in this body put their own spin on Uganda's AIDS efforts by claiming that it was primarily the practice of abstinence that had reduced Uganda's rates from 15 percent to 5 percent in over 10 years despite evidence to the contrary.

In debate during the committee markup of H.R. 1298, we successfully placed abstinence, fidelity and the use of condoms on equal footing by successfully passing an amendment which I offered. The majority of members on the committee understood the danger of attempting to steer our prevention funding from Washington instead of allowing each individual country to determine how best to spend its prevention resources. Even the Washington Times indicated in an editorial on May 1, 2003, that it would be better to leave such decisions to experts in the field.

Unfortunately, the social conservatives in this body did not heed this very practical advice and persisted in promoting a misguided amendment that directs 33 percent of all prevention money in the bill towards abstinence-only programs. Now 6 weeks after the President signed the bill that we passed into law, he is visiting Africa to tout his commitment to fighting AIDS in Africa. Everywhere Africans are wondering what the true depth of the President's commitment is to fighting AIDS in Africa, and whether or not he will provide the full $3 billion per year authorized in our legislation.

There is also a considerable amount of concern in Africa that the President's focus on abstinence as the most important method of prevention will sidetrack the initiative based on an unrealistic understanding of the situation on the ground.

I want to be clear here. I agree that abstinence is an important method of prevention, but it must be balanced by a comprehensive prevention policy that includes the use of condoms, otherwise it cannot be effective in stopping the spread of the virus. It is important for programs like the AIDS Support Organization of Uganda, which runs the clinic in Entebbe that the President will visit tomorrow, to provide this kind of comprehensive education so that young adults who are just becoming sexually active know what to do to protect themselves.

Mr. Speaker, we are right in the thick of the appropriations process that provides the funding that will carry out this initiative. Unfortunately, we are about $1 billion short of the $3 billion authorized in our global AIDS legislation, mostly because the President does not believe we should provide more than $2 billion this year.

I am hopeful that by visiting the TASO clinic tomorrow, the President will understand the true gravity of the situation and will push for the full $3 billion in funding. The lives of thousands of Africans can still be saved if this money is provided now. That is why over 100 Members of this body wrote President Bush asking him to provide an emergency appropriation of $1 billion in funding if we are unable to get $3 billion through the regular appropriations process.

So it is not too late, and I am asking this Congress, I am letting the rest of our country know that the President is visiting Uganda tomorrow and that we want people in Africa to understand that we are committed in terms of delivering on the promises which we made in terms of making sure that the full $3 billion that we authorized becomes real.

PRESCRIPTION DRUG COSTS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Minnesota (Mr. GUTKNECHT) is recognized for 5 minutes.

Mr. GUTKNECHT. Mr. Speaker, I rise again tonight to talk about the price that Americans pay for prescription drugs relative to the rest of the world.

As I have often said, I think we as Americans ought to be willing to pay our fair share. But as Members can see, and I apologize for this chart, the numbers are a bit hard to read for Members who are watching on C–SPAN in their offices, but if you cannot read the chart, it is available on my Website. Simply go to gil.house.gov, and Members can review this chart.

This is a chart essentially showing the prices that we paid for prescription drugs, 10 of the most commonly prescribed prescription drugs, when I was in Germany 2 months ago. Then we asked some of the local pharmacies here in Washington how much those same drugs, same dosage and number of tablets, would be here in the United States.

Let us take this drug, Coumadin. This is a drug that was developed originally at the University of Wisconsin veterinarian schools. It was a rat poison. It was designed to help kill rats. It is a blood thinner. When they consume it, they mix it with feed, and the rats eat it, and they go back to their dens and bleed to death internally. It was found that in small dose dosages this was very effective for people with heart conditions. My 86-year-old father takes Coumadin. We bought this drug in Germany for $21 American. This same package here in the United States sells for $89.95.

Glucophage is another drug we bought in Germany. It is an effective drug against diabetes, borderline diabetes. I am not a doctor, and I do not play one here in Congress, but we bought this drug in Germany, 30 tablets, 850 milligrams, for $5. That same drug here in the United States sells for $29.95 for the same package. The report goes on and on.

Prozac, we had a relatively small difference. We bought Prozac for $36.46, but here in the United States it was $49.95.

But then a drug like Pravachol, the price we paid in Germany was $62.96. That same drug and same dosage in the United States is not $62 but $149.95.